Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/566,153			ing Date 20/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A			N/A		N/A			N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A			N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 =				П	x \$ = 1		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =				П	x s = 1			X 8 =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE S	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							П						
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/06/2011	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOU PAID FOR	JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 35	Minus	37		= 0	П	x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	П	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column		(Column		(Column 3)							
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	NG	HIGHE NUMBE PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,15())		Minus			=	П	X \$ =		OR	X 8 =		
M	Independent (37 CFR 1 16(h))		Minus	***		-	П	X \$ =		OR	X 8 =		
E.	Application Size Fee (37 CFR 1.16(s))						П			l			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
_								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IT (Tald and Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For IT (Tald and Independent) is the highest number found in the appropriate box in column 1. This collection of Information is recorded by 37 CFH 1.16. This information is recorded as better information is recorded as a benefit by the Paid solid which is to file (and by the USPTO to												

into consciond information is required by 3 of Let 1. 16. The findmand is required to distant or retain a content of the findmand is required to distant or retain a content of the findmand is required to distant or retain a content of the findmand is required to content or retain a content of the findmand is to our project, including gain eight preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cells filter filter filter and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D. NOT 1550, D. NOT 1550, T. PESS OR COMPLETE PORTINS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. SOX 1450, Alexandria, V.A. 2231-31450.